PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with

plicable fee(s), to: Mail

Mail Stop ISSU Commissioner for P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh

indicated unless corrected be maintenance fee notification	below or directed otherwise	in Block 1, by (a) specifying	a new correspondence address	s; and/or (b) indicating a sepa	arate "FEE ADDRESS"
75	E ADDRESS (Note: Use Block I for a	P E	20	Fee(s) Transmittal. The papers. Each addition have its own certification.	f mailing can only be used for nis certificate cannot be used to al paper, such as an assignment te of mailing or transmission.	for any other accompany ent or formal drawing, m
Henry T Brendze PO BOX 574 Springfield, NJ 070	081	1 JAN 2	005	I hereby certify that t	rtificate of Mailing or Trans his Fee(s) Transmittal is bein, with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the c	g deposited with the Un
02/02/2005 LWONDIM2 000			ALE STATES	HENRYT	BRENDZE	(Depositor's na
01 FC:1501 30.(00 DA 1370.00 OP	CONT & TRUE		/	Jen Breige	(Signar)
				<u> </u>	///2	07/07 D
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/664,597	09/664,597 09/18/2000		John Carl Brown		BROWN 2000-0315	4748
TITLE OF INVENTION: CO	ONTROLLED TRANSMISS	SION ACROSS PA	ACKET NET	WORK		
APPLN. TYPE	SMALL ENTITY	ISSUE FI		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	NO	\$1370		\$0	\$1370	
nonprovisional NO		\$1370 .		\$ 0	\$1570	02/17/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	_	
NGUYEN, HANH N		2662		370-389000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	T (print or type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will app F a substitute	pear on the patent. If an assig for filing an assignment.	nee is identified below, the d	locument has been filed
(A) NAME OF ASSIGNI	EE	(B) RESIDENC	CE: (CITY and STATE OR CO	OUNTRY)	
AT4TI	CORP., NEI	NYORK	, NE	WYORK 10	0013	
Please check the appropriate	assignee category or categor	ries (will not be pr	inted on the p	patent): 🗖 Individual 🙇(Corporation or other private gr	oup entity Governm
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
Jssue Fee			A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.			
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 5007.3.2 (enclose an extra copy of this form).			
			Deposit Acc	count Number 50073	(enclose an extra c	copy of this form).
	MALL ENTITY status. See 3	37 CFR 1.27.		cant is no longer claiming SMA		
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the Onited States Pate	e Fee and Publicat vill not be accepted int and Trademark	tion Fee (if and if the from anyon of the Office.	ny) or to re-apply any previous e other than the applicant; a rep	sly paid issue fee to the applications gistered attorney or agent; or the	ation identified above. he assignee or other part
Authorized Signature	Hay/Bu	fl enum	F7	Date	1/27/05	/
Typed or printed name	HENNEY I. D.	CENVZ		_ Registration		
This collection of informatio an application. Confidentiali	n is required by 37 CFR 1.3 ty is governed by 35 U.S.C.	 The information and 37 CFR 	n is required 1.14. This co	to obtain or retain a benefit by llection is estimated to take 12	the public which is to file (an minutes to complete, including	d by the USPTO to proc ng gathering, preparing,

an appreciation. Community is governed by 33 U.S.C. 122 and 37 CFK 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.